FCC Form 500 DO NOT STAPLE

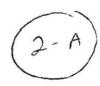
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OMB Control No. 3060-0853
OMB Control No. 3060-0853
Estimated time per response:
1.5 hours

Universal Service for Schools and Libraries Funding Commitment Adjustment Request Form

Please read instructions before completing.	(To be completed by schools, libraries or consortia.)
Applicant's Form Identifier: BIRNS (C 2011	FCC Form 500 Application Number:
(Create your own code to identify THIS FCC Form 500)	(To be assigned by administrator.)
Block 1: Applicant Information	
Name of Billed Entity	Billed Entity Number
BEINVEL HATZOIN	153661 7/1/11-6/30/12
Complete Mailing Address of Billed Entity	
Street Address, P. O. Box or Route Number C	ty State Zip Code
31 DIVISION AVE BROWNEY	N NY 11244
Telephone Number Fax Number	Email Address
718-486 6363 718 456 0466	ARONA @THE THET COM
Contact Person Information	
Contact Person Name	
JUSEPH WEISS	
Mailing Address	70
Street Address, P. O. Box or Route Number C	ty State Zip Code
31 DIVISION AVE BROOKET	NY 11249
	ă.
Telephone Number Fax Number	Email Address
718-486 6363 718-486 046	6
110 ~ 400 6363	ARONA Q THE THET, COM
Type of Adjustment (Check all that apply)	
Block 2: Services Adjustment	lock 4: Equipment Transfer Notification
□ Block 3: Cancellation or Reduction of an FRN	

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Billed Entity Name	BEIKLEI	HAT2011	Contact Na	me	Tosal	t wass	
Billed Entity Number	153661	Cor	ntact Telephone N	umber	718-	4866363	Page 2
Block 2: Services Ad	justment	3 3 3 0 3 3 3.		(
Remember: The Fu	ınding Reques	t Number(s) lis	(FRNs) listed on t ted in Block 1, Ite	his forn m 3.	n must be	for the same Fund	ding Year as
New Service Start Dat 486 in the funding year	te: Complete if listed in Block	you wish to o	change the Service is action will NOT i	Start Da	te you liste funding.	ed on a previously f	iled FCC Form
Contract Expiration Date: Complete if the contract expiration date has changed and you wish to report the change to USAC. This action will NOT increase funding but you could combine it with a funding reduction.							
Service Delivery Externon-recurring services. funding year. This actic contract will expire prior	You must subi on will NOT incr	mit this reque ease funding	est to USAC on or b . Note: Complete	efore the	Septemb	er 30 following the	close of the
6. Service Start	Date						
the second research to	FRN(s)		Original Date (mm	/dd/www	· · · · · · · · · · · · · · · · · · ·	New Date (mm/de	d/vvvv):
7. Contract Expi				2 F 20 F 1 F 1 F 1 F 1			
FCC Form 471	FRN(s)		Original Date (mm	/dd/yyyy		New Date (mm/d	d/ <u>yyyy):</u>
					*		
Make as many copies correctly. Please num							
				Q			
8. Service Deli	very Extension	Request			- 121 E1		
FCC Form 471	816345			FRN	221	9140	
Certify the reason for	the service del	ivery and inst	tallation request by	checking	one of th	e boxes below:	
The service provid		and the second s	esperante per esperante de la companya del la companya de la comp	The second second second second			ovider's control.
The service provide	er has been unw	villing to com	plete delivery and i	nstallatio	n after US	AC withheld payme	ent for those
The service provider has been unwilling to complete delivery and installation after USAC withheld payment for those services on a properly-submitted invoice for more than 60 days after submission of the invoice.							



Billed Entity Number	153661 c	ontact Telephone N	umber	- 486 6363	Page 2
Block 2: Services Ad	djustment				Alexander of the second of the
Remember: The F	unding Request Number	(s) (FRNs) listed on t listed in Block 1, Itel	his form must be n 3.	for the same Fundi	ng Year as
New Service Start Da 486 in the funding year	ite: Complete if you wish t r listed in Block 1, Item 3.	o change the Service This action will NOT ir	Start Date you listencrease funding.	d on a previously file	d FCC Form
Contract Expiration I USAC. This action will	Date: Complete if the cont II NOT increase funding bu	ract expiration date ha t you could combine it	is changed and you with a funding redu	wish to report the cuction.	hange to
non-recurring services funding year. This act	ension: Complete if you a s. You must submit this red tion will NOT increase fund or to the installation or deliv	uest to USAC on or b	efore the September	er 30 following the cl	ose of the
Service Start					
FCC Form 471	FRN(s)	Original Date (mm	/dd/yyyy):	New Date (mm/dd/	/ууу):
7. Contract Exp FCC Form 471					
FCC Form 4/1	FRN(s)	Original Date (mm	/dd/yyyy):	New Date (mm/dd/	(yyyy):
	s of this page as needed				
correctly. Please nur	mber your pages 2A, 2B,	2C, etc. and provide	the number in spa	ace provided in Bio	CK Z.
8. Service Del	ivery Extension Request	- State - Company of the Company of			
FCC Form 471	816345		FRN 22	19163	
Certify the reason fo	or the service delivery and i	nstallation request by	checking one of th	e boxes below:	
The service provide	der was unable to complete	e delivery and installat	ion for reasons bey	ond the service prov	rider's control.
	ler has been unwilling to colly- ly-submitted invoice for mo				t for those

BEILVET HATZOIN Contact Name Tosely WEISS

(2-B)

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Billed Entity Name ___

Dillad Casts M	0	or or		7747		
Billed Entity Name _	Beikrei	HATZOIN Contact Na	me	Toselt	lverss	
Billed Entity Number	r_ 153661	Contact Telephone N	umber	718-4	86 6367	Page 2
Block 2: Services A	djustment					
Remember: The Funding Request Number(s) (FRNs) listed on this form must be for the same Funding Year as listed in Block 1, Item 3.						
New Service Start Date: Complete if you wish to change the Service Start Date you listed on a previously filed FCC Form 486 in the funding year listed in Block 1, Item 3. This action will NOT increase funding.						
Contract Expiration Date: Complete if the contract expiration date has changed and you wish to report the change to USAC. This action will NOT increase funding but you could combine it with a funding reduction.						
non-recurring services funding year. This ac	 You must submit tition will NOT increas 	you are requesting an exte his request to USAC on or t e funding. Note : Complete or delivery of services.	efore the	September	30 following the	close of the
6. Service Start						
FCC Form 471	FRN(s)	Original Date (mm	/dd/yyyy)		New Date (mm/do	l/yyyy):
	Y			ط دری	- Company of the comp	1045204/074/185
7. Contract Ext	piration Date					
7. Contract Exp	piration Date	Original Date (mm	ı/dd/vvvv)		New Date (mm/do	i/yyyy):
	والمراجع والمنافل وال	Original Date (mm	ı/dd/yyyy)	:]	New Date (mm/do	d/yyyy):
FCC Form 471	FRN(s)					
FCC Form 471 Make as many copie	FRN(s)	Original Date (mm eeded, and number the co A, 2B, 2C, etc. and provide	mpleted	pages so th	nat they are all p	rocessed
FCC Form 471 Make as many copie correctly. Please nu	FRN(s) es of this page as no mber your pages 2/	eeded, and number the co A, 2B, 2C, etc. and provide	mpleted	pages so th	nat they are all p	rocessed
Make as many copie correctly. Please nu	FRN(s)	eeded, and number the co A, 2B, 2C, etc. and provide	mpleted	pages so th	nat they are all p	rocessed
FCC Form 471 Make as many copie correctly. Please nu	FRN(s) es of this page as no mber your pages 2/	eeded, and number the co A, 2B, 2C, etc. and provide	mpleted	pages so the	nat they are all p	rocessed
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Make as many copie correctly. Please nu 8. Service De FCC Form 471 Certify the reason for the service provice in The service provice.	FRN(s) es of this page as nember your pages 2/ livery Extension Re 816345 or the service delivery ider was unable to condition to the service delivery ider has been unwilling.	eeded, and number the co A, 2B, 2C, etc. and provide quest y and installation request by	FRN checking	2 2 one of the easons beyon after USAC	nat they are all price provided in BI 19172 boxes below: Ind the service processions are service processions.	rocessed ock 2. ovider's control.

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Billed Entity Name	REIKKEI HA.	77	Tardy 1 Occ
	Deliciz I Fir.	Contact Name	JUSEIN WEIS)
Billed Entity Numb	ber153661	Contact Tolombone Number	718-4866363 Page 3_
with the state of the st		Contact relephone Number _	
Block 3: Cancella	tion or Reduction of an FR	N	
DIOOR O. OUNCEN	don of Reduction of all FR	AN .	*
Remember:	The FRNs listed on this for	rm must be for the same Fund	ling Year as listed in Block 1, Item 3.
Cancel: Complete	if you wish to cancel an ERN	N This action is irrevocable and	the FRN cannot be reinstated later. This
action would allow	money to be put back into th	e Universal Service Fund for po	ssible commitment to other applicants.
W-104			
Reduce: Complete	e if you wish to reduce the ar	mount of your funding commitme	ent for a particular FRN. This action is
irrevocable and the	FRN cannot be increased la	iter. This action would allow mo	oney to be put back into the Universal
Service Fund for po	ossible commitment to other	applicants.	
Make as many cor	nies of this name as needed	and number the completed	pages so that they are all processed
			ber in space provided in Block 3
9. Cancel FR			
FCC Form 471	FRN (s) (list indivi	idually)	Write in "CANCEL ALL"
	below if you wish to cand all FRNs on FCC Form 47		
10. Reduce FF	RN		
FCC Form 471	FRN(s)	Original Commitment	New Commitment Amount AFTER
		Amount from FCDL	Reduction
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	ł		
			
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OMB Control No. 3060-0853

DO NOT STAPLE		
Billed Entity Name Beik	LEI HA 7201 Contact Name	Joseph Wasi
Billed Entity Number 153	Contact Telephone Number	718:486 6363 Page 4_
Block 4: Equipment Transfer I	lotification	
	ed on this form must be for the same Fun	
eligible entities within thr maintain detailed records whatever retention period	omplete this section if you are transferring e see years of the date of purchase. Both the to documenting the transfer and the reason for d is required by the rules in effect at the time	ransferring and receiving entities must or the transfer for at least five years (or of this certification).
Make as many copies of this pa correctly. Please number your	age as needed, and number the complete pages 4A, 4B, 4C, etc. and provide the nu	d pages so that they are all processed imber in space provided in Block 4
FCC Form 471	FRN	
Closed Entity Number	Closed Entity Name	
Purchase Date Transfer Date	Transfer Reason	
□ Check here if transfer is tempor		
List all entities receiving the equipment. Receiving Entity(s) Number(s)	Receiving Entity Name (s)	Equipment Received Equipment name, make and model

OMB Control No. 3060-0853

DO NOT STAPLE
Billed Entity Name BEIKHEL HATZEIN Contact Name Toseff in ass
Billed Entity Number 15366 Contact Telephone Number 718-486 6363
Block 5: Certification
12. I certify that I am authorized to submit this form on behalf of the above-named billed entity, that I have examined
this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
13. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that
the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate
share of benefits from those services.
14. I will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this
certification), after the last day of delivery of discount services (or after the date of transfer for equipment transfers), (1) any and all records that I rely upon to complete this form and (2) all documents necessary to
demonstrate compliance with the statutory or regulatory requirements for the schools and libraries universal
service support program. I recognize that I may be audited pursuant to this application and the applicant must
produce such records as required by 47 C.F.R. § 54.516.
15. Signature 16. Date
Mar 28 2015
17. Printed name of authorized person
NA CHAR BRACH
18. Title or position of authorized person
ADMINISTRATOR
19. Telephone number of authorized person
7.8- 486 6363
20. Email address of authorized person
ARONA WITHE INET. COM
21. Address of authorized person
31 DIVISION AVE. BROUKET NY 11249
22. Name of Authorized Person's Employer
Post of

OMB Control No. 3060-0853

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

A paper copy of this form, with an authorized signature in Block 5, Item 15 should be mailed to:

SLD Form 500 P. O. Box 7026 Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD Forms ATTN: Form 500 3833 Greenway Dr. Lawrence, KS 66046 888-203-8100

31 DIVISION AVE • BROOKLYN, N.Y. 11249 • Telephone (718) 486-6363 • Fax (718) 486-0466

May 11, '15

INVOICE DEADLINE EXTENSION REQUEST

Contact Person Name:

Joseph Weiss

Contact Information:

(718) 486-6363

e-mail address: arona@thejnet.com

471 Application Number:

816345

Funding Request Number:

2219163

Service Provider Name:

Birns Telecommunications Inc.

SPIN:

143008024

Amount of Invoice:

\$47,700.00

Reason for Invoice Deadline Request:

The vendor had some problems and couldn't give us the sevices until now, therefore we are hereby filing now for an approval for an "Extension Request".

For any further information please call me at: (718) 486-6363.

Sincerely,

Nachman Brach Administrator

31 DIVISION AVE • BROOKLYN, N.Y. 11249 • Telephone (718) 486-6363 • Fax (718) 486-0466

May 11, '15

INVOICE DEADLINE EXTENSION REQUEST

Contact Person Name:

Joseph Weiss

Contact Information:

(718) 486-6363

e-mail address: arona@thejnet.com

471 Application Number:

816345

Funding Request Number:

2219140

Service Provider Name:

Birns Telecommunications Inc.

SPIN:

143008024

Amount of Invoice:

\$12,150.00

Reason for Invoice Deadline Request:

The vendor had some problems and couldn't give us the sevices until now, therefore we are hereby filing now for an approval for an "Extension Request".

For any further information please call me at: (718) 486-6363.

Sincerely,

Nachman Brach Administrator

31 DIVISION AVE • BROOKLYN, N.Y. 11249 • Telephone (718) 486-6363 • Fax (718) 486-0466



May 11, '15

INVOICE DEADLINE EXTENSION REQUEST

Contact Person Name:

Joseph Weiss

Contact Information:

(718) 486-6363

e-mail address: arona@thejnet.com

471 Application Number:

816345

Funding Request Number:

2219172

Service Provider Name:

Birns Telecommunications Inc.

SPIN:

143008024

Amount of Invoice:

\$24,462.45

Reason for Invoice Deadline Request:

The vendor had some problems and couldn't give us the sevices until now, therefore we are hereby filing now for an approval for an "Extension Request".

For any further information please call me at: (718) 486-6363.

Sincerely,

Nachman Brach

Porla les

Administrator